



SUMMER RECREATION INFORMATION FORM

Participant's Name _____

Participant's Age _____ Grade Entering in the Fall _____ Summer Program Site _____

Participant is enrolled in Session (date) _____

Please fill out this form. **No student will be allowed to participate in the program without this form being completed and submitted to the Parks and Recreation office no later than May 22, 2014 or at the site on the first day of the program.**

Please complete both sides of this form:

Forms need to be mailed: Mesa Parks, Recreation and Commercial Facilities – 200 S Center, Mesa, AZ, 85210 or dropped off the first day of the program at program site.

WAIVER AGREEMENT

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the City of Mesa activitie(s) and program(s) listed on this form. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents, representatives and volunteers. I understand that requests for transfers, cancellations or refunds are subject to department policy and fees. Please visit www.mesaaz.gov/parksrec for detailed information.

Parent/Guardian Signature _____

Date _____

EMERGENCY INFORMATION (PLEASE PRINT)

Name of Participant _____ Local Home Phone # _____

Mother's Name _____ Home# _____

Work# _____ Cell/Pager# _____

Father's Name _____ Home# _____

Work# _____ Cell/Pager# _____

Name of Local Emergency Contact (other than parent) _____

Home# _____ Work# _____ Cell/Pager# _____

Name of Local Emergency Contact (other than parent) _____

Home# _____ Work# _____ Cell/Pager# _____

Doctor's Name and Phone Number _____ Hospital Preference _____

Primary Insurance Company _____ Phone# _____ Policy# _____ Group# _____

TRANSPORTATION

*All children must be accompanied into the facility and checked –in by a parent/guardian upon arrival the first week of the program.

Please indicate how your child will be leaving from camp each day.

☐ Walking

☐ Bike/Scooter

☐ Transported by a parent/guardian or car pool

Please list names of ANY persons your child **MAY** be released to:

SWIMMING INFORMATION FOR PROGRAMS THAT GO SWIMMING

Check level of swimming ability below. Non-swimmers will be allowed in the shallow end of the pool. Some pools have slides. If your child meets the height requirement of 42 inches, we will allow him/her to go down the slide unless instructed differently by parent/guardian.

All slides are staffed with lifeguards. Child's skill level will be identified by colored wristbands provided by program.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Red-Non-Swimmer
(Close proximity of staff) | <input type="checkbox"/> Blue-Beginning Swimmer
(Main Pool only, no dive tank) | <input type="checkbox"/> Green-Intermediate
(Entire pool area) | <input type="checkbox"/> Yellow-Intermediate*
(May use 3-meter diving board
*Minimum 8 yr old and 42 inches) |
|--|---|---|--|

BEHAVIOR MANAGEMENT

Is there a behavior management technique that works best for your child? (Time Out, Calling Parent, etc)

Is there any other information we need to be aware of to best serve your child? (Special needs, physical or learning disability, etc.)

MEDICAL INFORMATION

Please check "Yes" or "No" after each of the following questions. If your answer is "yes" to any of the following questions, please give additional information and/or explanation in the space provided.

Is the participant on Medication? ☐ Yes ☐ No

Name of Medication/Dosage/Comments

Does the participant have Seizures? ☐ Yes ☐ No

Comments

Does the participant have allergies? ☐ Yes ☐ No

Comments

Is the participant Diabetic? ☐ Yes ☐ No

Comments

Is the participant allowed to have candy? ☐ Yes ☐ No

Comments
